

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

LIDODERM
(lidocaine patch 5%)

ZTLIDO
(lidocaine topical system)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Lidoderm

Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. It should be applied only to **intact skin**.

ZTLido

ZTLido (lidocaine topical system) 1.8% is indicated for the relief of pain associated with post-herpetic neuralgia (PHN).

Compendial Uses

Pain associated with diabetic neuropathy^{4,5,8}

Pain associated with cancer-related neuropathy^{4,6,7}

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for any of the following: A) Pain associated with post-herpetic neuralgia, B) Pain associated with diabetic neuropathy, C) Pain associated with cancer-related neuropathy (including treatment-related neuropathy [e.g. neuropathy associated with radiation treatment or chemotherapy])

Quantity Limits apply.

90 patches/30 days.

270 patches/90 days.

REFERENCES

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5. Barbano RL, Herrmann DN, Hart-Gouleau S, et al: Effectiveness, tolerability, and impact on quality of life of the 5% lidocaine patch in diabetic polyneuropathy. *Arch Neurol* 2004; 61:914-918.

6. National Comprehensive Cancer Network: Adult Cancer Pain V3.2019. National Comprehensive Cancer Network. Fort Washington, PA. 2008. Available from URL: http://www.nccn.org/professionals/physician_gls/PDF/pain.pdf. Accessed August 2019.
7. Vadalouca A, Raptis E, Moka E, et al. Pharmacological Treatment of Neuropathic Cancer Pain: A Comprehensive Review of Current Literature. *World Institute of Pain Pain Practice* 2011; 12(3):219-251.
8. Bril V., England J., Franklin G.M., et al. Evidence-based guideline: Treatment of painful diabetic neuropathy. *Neurology* 2011;76;1758. Available at www.neurology.org. Accessed August 2019.
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